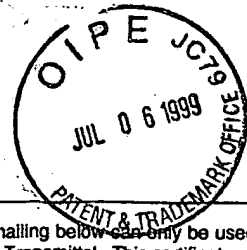


PART B—ISSUE FEE TRANSMITTAL

and mail this form, together with

fees, to:

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Assistant Commissioner for Patents
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM11/0518

SETH A. FIDEL PH. D.
ALEXION PHARMACEUTICALS, INC.
25 SCIENCE PARK - SUITE 060
NEW HAVEN CT 06511

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Seth A. Fidel

(Depositor's name)

Seth A. Fidel
6/29/99

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/236,208	05/02/94	005	GAMBEL, P	1644 05/18/99
First Named Applicant	WANG, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION THE USE OF ANTIBODIES SPECIFIC TO HUMAN COMPLEMENT COMPONENT C5 FOR THE TREATMENT OF GLOMERULONEPHRITIS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 ALX141	424-145-100	T20	UTILITY	YES	\$605.00	08/18/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Seth A. Fidel

2 Maurice M. Klee

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Alexion Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

New Haven, Connecticut

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 5

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 01-0483

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Reg No 38,449

(Date)

6/29/99

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HM11/0518
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ALEXION PHARMACERTICALS, INC.
25 SCIENCE PARK - SUITE 360
NEW HAVEN CT 06511

MAIL DATE
7-6-99

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6/29/99

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Seth A. Fidel Reg No 28,449

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